

<b>FINANCIAL AFFIDAVIT</b> <small>IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE</small>	
<small>Rev. 5/98</small>	
IN THE CASE OF <u>US</u> v.s. <u>Jose Torrado</u>	
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FOR <u>JOSE TORRADO</u> AT <u>DISTRICT</u>	
PERSON REPRESENTED (Show your full name) <u>JOSE TORRADO</u>	
CHARGE/OFFENSE (describe if applicable & check box →) <u>21 U.S.C. 841, 846</u>	
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	
1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
DOCKET NUMBERS Magistrate <u>04 M-0500-6</u> District Court Court of Appeals	

### ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOY- MENT</b>	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed							
	Name and address of employer: _____							
	IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____							
<b>ASSETS</b>	OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____							
	CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____							
	PROP-ERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT <table style="width: 100%;"> <thead> <tr> <th style="width: 50%;">VALUE</th> <th style="width: 50%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	VALUE	DESCRIPTION					
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<b>OBLIGATIONS &amp; DEBTS</b>	DEPENDENTS MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents <u>3</u>	List persons you actually support and your relationship to them <u>JOSE IVAN TORRADO 4</u> <u>XAVIA TORRADO 3</u> <u>SARAH TORRADO 1</u>	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: _____ Creditors _____	Total Debt _____ Monthly Paymt. _____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

NOV 01 2004

 SIGNATURE OF DEFENDANT  
 (OR PERSON REPRESENTED)

Jose F. Torrado